

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
EPA/Office of Solid Waste and Emergency Response\Office of Underground Storage Tanks

2. OMB control number b. **G** None
a 2050-0068 _ _ _ _ _

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. **X** Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. **X** Regular
b. **G** Emergency - Approval requested by: ____/____/____
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **X** Yes **G** No

6. Requested expiration date
a. **X** Three years from approval date b. **G** Other Specify: ____/____/____

For b-f, note item A2 of Supporting Statement Instructions

7. Title
Underground Storage Tanks: Technical & Financial Requirements & State Program Approval Procedures

8. Agency form number(s) (*If applicable*)
1360.06

9. Keywords
Underground Storage Tanks

10. Abstract
Subtitle I of the Resource Conservation and Recovery Act (RCRA), as amended, requires that the EPA develop standards for UST systems as may be necessary to protect human health and the environment, and procedures for approving State programs in lieu of the Federal program. EPA promulgated technical and financial requirements for owners and operators of USTs at 40 CFR Part 280, and State program approval procedures at 40 CFR Part 281. This ICR is a comprehensive presentation of all information collection requirements contained at 40 CFR Parts 280 and 281.

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. Individuals or households d. **X** Farms
b. **P** Business or other for-profit e. **X** Federal Government
c. **X** Not-for-profit institutions f. **X** State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. **P** Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 261,904
b. Total annual responses 500,000
 1. Percentage of these responses
 collected electronically 0 %
c. Total hours requested 6,025,543

d. Current OMB inventory 6,254,048
e. Difference -228,505
f. Explanation of difference
 1. Program Change 0

 2. Adjustment - 228,505

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs 57,132
b. Total annual costs (O&M) 306,428
c. Total annualized cost requested 363,560
d. Current OMB inventory 1,258,550
e. Difference -894,990
f. Explanation of difference
 1. Program change 0
 2. Adjustment -894,990

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. ___Application for benefits e. <u>X</u>Program planning oranagement</p> <p>b. ___Program evaluation f. <u>X</u>Research</p> <p>c. <u>X</u>General purpose statistics g. <u>P</u>Regulatory or compliance</p> <p>d. ___Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <u>X</u> Recordkeeping b. <u>Q</u> Third party disclosure</p> <p>c. <u>X</u> Reporting</p> <p>1. <u>Q</u> On occasion 2. <u>Q</u> Weekly 3. <u>Q</u> Monthly</p> <p>4. <u>Q</u> Quarterly 5. <u>Q</u> Semi-annually 6. <u>Q</u> Annually</p> <p>7. <u>Q</u> Biannually 8. <u>X</u> Other (describe) <u>As needed</u></p> <p>-</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;"><u>Q</u> Yes <u>X</u> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Sammy K. Ng</u></p> <p>Phone: <u>(703) 603-7166</u></p>